



2017-2018 ACTIVITY PERMISSION, MEDICAL AND PHOTO/PRESS RELEASE FORM

Participant Name _____ Date of Birth _____

Parent(s)/Guardian(s) _____

Address _____ City _____ State _____ Zip _____

E-mail Address(es) _____

In case of an emergency we will contact the names and numbers below, please include at least one contact that is not the parent or guardian of the participant

Phone Number	Name	Relation	Phone Type (Cell, Work, ECT)

Insurance Company Name _____ Policy Holders name _____

Policy Holder DOB _____ Policy Holder Cell Phone Number _____

Group Number _____ Insurance Verification Phone Number _____

I _____ give permission for my child (named above) to participate in Prosper UMC youth ministry events for the 2016-2017 school year. I understand the nature and risk level of activity in which this youth will be a participant. I also give permission for the participant to ride in Prosper UMC owned, rented or volunteered vehicles used for this activity. I authorize any staff member or chaperone of Prosper UMC to administer necessary first aid and/or procure necessary medical aid at or from any licensed medical facility or physician's office. I also authorize the selected physician(s) and/or medical facility to provide such medical treatment as necessary for the above participant.

Parent/Guardian Signature _____ Date _____

I understand that promotional pictures (individual and group) have been/will be taken during these events. I give permission for my student's picture to be used for promotional materials (newsletter, web page, promotional signs, Facebook, etc.) in highlighting the event. I also authorize any publication, broadcast or other use of my student's name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity arising out of any activity associated with the program without further compensation and agree that all such materials are the sole property of Prosper United Methodist Church.

Parent/Guardian Signature _____ Date _____